

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My resident, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD FOR ASSAYING SUSCEPTIBILITY TO CANCER THERAPY IN A SUBJECT BY ASSAYING FOR FORMS OF P53**, in the specification of which

() is attached hereto.

() was filed on _____ as application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

FOREIGN PRIORITY APPLICATIONS

I hereby claim foreign priority benefits under Title 35, United States Code 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed

			Yes (x) No ()
(Number)	(Country)	(Day/Month/Year Filed)	

			Yes (x) No ()
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
----------------------	---------------

U.S. PRIORITY APPLICATIONS

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Serial No.)	(Filing date)	(Status-patented/pending/abandoned)
--------------	---------------	-------------------------------------

POWER OF ATTORNEY

I hereby appoint the following attorneys and patent agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Peter F. Felfe, Reg. No. 20,297; Norman D. Hanson, Reg. No. 30,946; John A. Bauer, Reg. No. 32,554; James R. Crawford, Reg. No. 39,155; C. Andrew Im, Reg. No. 40,657; and Bruce Koch, Reg. No. 41,905; my attorneys with full power of substitution and revocation. Address all telephone calls to **Norman D. Hanson** at (212) 318-3168. Address all correspondence to:

CUSTOMER NUMBER: 24972

FULBRIGHT & JAWORSKI L.L.P.
666 FIFTH AVENUE
NEW YORK, NEW YORK 10103

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1) Paul J. FARRELL

Full Name/Sole or First Inventor

Signature

Date

Residence: Ludwig Institute for Cancer Research
Imperial College Faculty of Medicine

St. Mary's Campus
Norfolk Place, London W2 1PG, England

Post Office Address: Same as Above

Citizenship: British

(2) Xin LU

Full Name/Second Inventor	Signature	Date
---------------------------	-----------	------

Residence: Ludwig Institute for Cancer Research
Imperial College Faculty of Medicine
St. Mary's Campus
Norfolk Place, London W2 1PG, England

Post Office Address: Same as Above

Citizenship: British

(3) Tim CROOK

Full Name/Third Inventor	Signature	Date
--------------------------	-----------	------

Residence: Ludwig Institute for Cancer Research
Imperial College Faculty of Medicine
St. Mary's Campus
Norfolk Place, London W2 1PG, England

Post Office Address: Same as Above

Citizenship: British